City of Northampton, Massachusetts **DEATH CERTIFICATE REQUEST FORM**

You must submit the following with this form:

- 1. Payment of \$15 per copy **CASH or MONEY ORDER ONLY** (<u>We DO NOT accept personal checks</u>. Money Orders should be made out to "City of Northampton")
- 2. A self-addressed & stamped envelope for us to send your record back to you.

Mail to: Northampton City Clerk

City Hall, Room 4 210 Main Street

Northampton, MA 01060

Requests submitted through the mail will be processed on the date they are received. Please note certain records are restricted to only parties listed on the record and will require photo identification.

	First	Middle	Last
		Date of Death	
Exact lo	ocation of death, if know	vn:	
Hospital, Nursing home, etc.			City/Town
Reques	stor's Information:		
	Phone Number		Email address
	Signature of Requester (WRITTEN - NOT TYPED)	Relationship to Name on Reco	ord (ex: Sibling, Descendant, etc.)
How we	ould you like to receive	your record?	
	City Hall Pick-Up Window (upon receipt of this form you will be contacted by our office to arrange a scheduled appointment.) By Mail		
_	Return Mailing Address:		